

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 2-9-2014

Butler, In

Incident #: 14ISPC001048

County: Dekalb

Address: 117 S. Broadway Apt 308

**Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Living room  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: living room  
☒ Corrosive Base: living room  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often  
Living conditions of home: ☐ clean ☐ disarray ☐ unclean  
Estimated length of time manufacturing had been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**This report has been faxed\* to the following agencies that serve the location:**

Fire Department: Butler FD

Fax: e-mailed

Health Department: Dekalb County

Fax: e-mailed

Department of Child Services: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

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Investigating Officer: Doug Jackson

Phone 260-432-8661

- \* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.